Minutes: Meeting of March 13, 2000

Present:
Drs. Kenneth Dorshkind, Ron Edelstein, Theodore Hall, Carol Hodgson, Earl Homsher, David Johnson (UCR), Baxter Larmon, Theodore Miller, Neil Parker, Stuart Slavin (Co-Chair), Margaret Stuber, John Tormey (Co-Chair) and LuAnn Wilkerson and Janice Contini.
Students: Karin Jacobson (MSI) and Apoor Patel (MSII).
Guests: Dr. Susan Baillie, Dr. Kim Crooks, Gary Diener, Charlotte Myers, Dr. Shobita Rajagopalan,

Announcements

The UCSF School of Medicine Academy of Medical Educators concept was presented by Dr. Tormey to the FEC. The FEC wants to establish a small ad hoc committee to consider the applicability of a similar program at UCLA.

Efforts have begun to identify a director for each of the four medical colleges. A faculty search committee, chaired by Dr. Ronald Tompkins, has been created, and nominations have been solicited. The Dean’s Office is seeking funding for the positions.

The Medical Enterprise is experiencing some very difficult and complex fiscal issues. Dr. Levey is holding meetings to share information with the faculty and to enlist the help of everyone during this difficult period. Efforts will be made to protect the undergraduate medical education from detrimental effects.

First-Year Electives and Selectives, Dr. Hodgson

The Selective Program replaced IATs (Interactive Teaching program) which were courses of eight weeks’ duration; students were required to take one each in the first year fall and spring semesters. IATs were originally seminars with a highly intellectual research-based curriculum. The Selectives Program was last reviewed about 4-5 years ago by the Evaluation Subcommittee of the MEC, and it was continued under changed requirements, i.e., reduced from two to one Selective required in year one. Also, Selectives provide the only opportunity for student choice during the first two years’ curricula.

There are some concerns that the Medical Scholars Program (MSP) selective, which runs parallel support courses to some required first year courses, attracts too many students. Dr. Hodgson reviewed enrollment data to determine whether too many students are only taking MSP courses and found that they are actually taking a wide variety of courses. It is recommended that students take not more than two selectives, but some take several more.

A student commented anecdotally that students often took an MSP selective because they were concerned that without it they wouldn’t learn the material. She felt that some students don’t find the MSP very useful, and that perhaps second year students over-emphasized its importance.
This year, MSP sessions ran cooperatively with Gross Anatomy in the fall (110 students enrolled) and with Physiology and Neuroscience in the spring. The number applying for MSP has grown each year. MSP is not intended to compete with concurrent required courses, and indeed can only be offered with the cooperation of the course chair. It was designed as a supplementary program to enrich ongoing courses through additional examples, applications, and extensions of course content. It developed a reputation of helping students study course material. MSP provides a structure for students to study in small groups, helps new students to get to know each other, helps students to feel more comfortable and confident, and also provides a transition to learning new study habits and time management. It is important that the program should neither stigmatize some students nor disadvantage others.

Second year students are paid to serve as tutors for the MSP groups; they prepare lessons and conduct study programs. They report that MSP also helps them prepare for USMLE Step 1.

Some students take only one Selective, but most take one MSP and one additional Selective. A very few students over-enroll, although it is a concern of some observers that too many students are oversubscribing. MSP in general is very favorably evaluated.

It was agreed that a small group of members would review the material, including evaluations and other objective data and present a recommendation about whether MSP groups should be included as a Selectives option, or continued as an elective course.

**Third and Fourth Year Elective Subcommittee Report, Dr. Larmon**

The Subcommittee initially tried to help elective course chairs develop course objectives. Last year in his report to the MEC, Dr. Larmon proposed that the Subcommittee goal should be a continuous quality improvement program to review current electives through a telephone survey process implemented two years ago.

In 1998-99, 335 elective courses were offered at UCLA and the affiliated hospitals. There were 1240 UCLA student rotations and 645 non-UCLA student rotations (i.e., externships) over a 20-month period. By department, the enrollment numbers were:

Anesthesiology – 115  
Emergency Medicine – 105  
Family Medicine – 62  
Multi-disciplinary – 107  
Medicine – 440  
Pediatrics – 127  
Radiology – 85  
Surgery – 94  

A telephone access program was made available to third and fourth year students two years ago to allow evaluation of electives from anywhere. Unfortunately, only 94 electives of out the 1240 rotations were evaluated. Of those, 52 were evaluated by only
one student and 35 were reviewed by fewer than five students. Only seven electives were evaluated by five or more students, and just three out of those were usable. The Subcommittee is currently contacting all third and fourth year students, requesting them to retroactively evaluate all the electives they took. Faculty will not receive teaching credit without student evaluations, which might affect who will teach in the future. In the coming year, students will receive a reminder to encourage them to complete evaluations at the end of a rotation as well as a biannual electronic reminder.

Dr. Larmon asked the Committee to consider requiring evaluations by students. Grades would not be posted until the student completes an evaluation of the course. Currently, evaluations may be submitted online or by phone. It was suggested that a single method would be easier for students and to oversee. Many students believe that the evaluations they submit don’t make any difference. It was proposed that all course evaluations be made available to students for consideration in selecting courses, etc.

Dr. Larmon reminded the committee members that the college planning teams reviewed courses listed in the Handbook of Clinical Courses, selecting those electives appropriate to support the curriculum of each college based on the written descriptions. Information from evaluation of content and quality should also be available to the decision making process.

In 2000-2001, third year students will be taking required course, therefore, only fourth year students would be required to submit evaluations of electives. The faculty need to encourage students to complete evaluations and to acknowledge the importance of the information in improving their courses. The question was raised whether all courses should be evaluated every year, or each course reviewed every few years. Also, consideration needs to be given regarding maintaining confidentiality in evaluation of courses with only a few students participating each year.

Faculty must also be responsible for submitting grades on time as well as students submitting evaluations on time. Students need to receive meaningful feedback in a timely manner to help them grow and learn from the experience. It was suggested that students’ grades will not be posted until he/she has completed course/faculty evaluations, and faculty must submit grades/evaluations in a timely manner in order to continue to teach.

It was suggested that rising fourth year students (Class of 2001) be required to submit online elective course evaluations for all elective courses at UCLA and affiliated hospitals within at least one month of completing the rotation, effective July 1, 2000.

**Drew/UCLA Curriculum, Dr. Shobita Rajagopalan**

Dr. Rajagopalan presented new and comparative information about the Drew and UCLA clinical curricula. The information is presented concisely in her materials.

The meeting was adjourned at 6:50 p.m.